

# Advantage Academy of Hillsborough Summer Camp 2019 Registration Form

One time, non-refundable \$35 registration fee per student (\$camp cost, refer to flyer) (Must be prepaid)

Child's Name \_\_\_\_\_ DOB \_\_\_\_\_ Sex \_\_\_\_\_ Grade \_\_\_\_\_ Shirt size \_\_\_\_\_

Address \_\_\_\_\_ Home Phone \_\_\_\_\_

Parent's Name \_\_\_\_\_ Cell \_\_\_\_\_

Address (If Different) \_\_\_\_\_ Work # \_\_\_\_\_

E-mail Address \_\_\_\_\_

Parent's Name \_\_\_\_\_ Cell \_\_\_\_\_

Address (If Different) \_\_\_\_\_ Work # \_\_\_\_\_

E-mail Address \_\_\_\_\_

## Week's attending:

wk.1 \_\_\_ June 3-7

wk.2 \_\_\_ June 10-14

wk.3 \_\_\_ June 17-21

wk.4 \_\_\_ June 24-28

wk.5 \_\_\_ July 1 – 3 closed 4,5<sup>th</sup>

wk.6 \_\_\_ July 8-12

wk.7 \_\_\_ July 15 –19

wk.8 \_\_\_ July 22- 26

## Emergency Contacts:

Name \_\_\_\_\_ Relation \_\_\_\_\_ Phone Number \_\_\_\_\_

Name \_\_\_\_\_ Relation \_\_\_\_\_ Phone Number \_\_\_\_\_

Name \_\_\_\_\_ Relation \_\_\_\_\_ Phone Number \_\_\_\_\_

Medical Needs (Allergies)/Other Alerts \_\_\_\_\_

Doctor's Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Hospital \_\_\_\_\_ Phone Number \_\_\_\_\_

I have read and agree to the Aftercare Guidelines, including Discipline Procedures, Payment Policies and Late Pick-up Fees. I understand that failure to abide by any of these policies will result in the removal of my child from the program and that ALL fees are non-refundable.

**PARENT/GUARDIAN SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

*Please be advised you are required to be registered in the summer camp program and have all balances paid in all school accounts in order to participate in the camp.*

*All payments must be paid via EZCare.*

*Thank you and we hope to see you there!!*